

**US Office of Personnel Management
Federal Investigative Services Division
Boyers, PA 16018-0618**

CERTIFICATION OF AMENDED INVESTIGATIVE FORM

SUBJECT'S NAME: _____ **SSN:** _____

Instructions: This is to be used in tandem with amendments made to the "07/08" version of the Standard Form 86 and the "9/95" versions of the Standard Forms 85/85P/85PS and 86. In the left hand column, please check off each item where an alteration and/or amendment has been made and complete the certification at the bottom of this form.

Response(s) Modified	ITEM	SF 86 (07/08)	SF 86 (9/95)	SF 85P (9/95)	SF 85PS (9/95)	SF 85 (9/95)
<input type="checkbox"/>	Foreign Activities	20 a-b	17 a-d	N/A	N/A	N/A
<input type="checkbox"/>	Foreign Countries Visited	20 c	18	19	N/A	N/A
<input type="checkbox"/>	Military Record	15 a-d	19	N/A	N/A	N/A
<input type="checkbox"/>	Selective Service Record	14 a-b	20 a-b	17 a-b	N/A	12 a-b
<input type="checkbox"/>	Medical Record	21	21	N/A	5	N/A
<input type="checkbox"/>	Employment Record	13 c	22	12	N/A	N/A
<input type="checkbox"/>	Police Record	22 a-e	23 a-f	20	N/A	N/A
<input type="checkbox"/>	Illegal Drugs	23 a-d	24 a-c	21 a-b	3 a-b	14
<input type="checkbox"/>	Alcohol	24 a-c	25	N/A	4	N/A
<input type="checkbox"/>	Investigations & Clearance Record	25 a-b	26 a-b	18 a-b	N/A	N/A
<input type="checkbox"/>	Financial Record/Delinquencies	26 a-p	27 a-d 28 a-b	22 a-b	N/A	N/A
<input type="checkbox"/>	Use of Information Technology System	27 a-c	N/A	N/A	N/A	N/A
<input type="checkbox"/>	Public Record Civil Court Actions	28	29	N/A	N/A	N/A
<input type="checkbox"/>	Association Record	29 a-g	30 a-b	N/A	N/A	N/A
<input type="checkbox"/>	Date of Certification	Page 17	Page 9	Page 7	Page Bottom	Page 5
<input type="checkbox"/>	Date of Release	86-1	Page 10	Page 8	Last Page 85P	Page 6
<input type="checkbox"/>	Continuation Space <i>* Explanation required below</i>	Page 17	Page 9	N/A	N/A	Page 5

*Continuation Space: _____

Certification of Agency Official

I certify that the amendments and/or alterations made to the attached investigative document are consistent with the subject's intent and have been made with his/her concurrence. I understand that this form will become part of the investigative file for protection of the Investigations Service, the employing agency, and the subject of investigation.

<i>Full Name (Type or Print Legibly)</i>	<i>Title/Position</i>	<i>SOI Number</i>	<i>SON Number</i>
<i>Signature (Sign in ink)</i>			<i>Date</i>